

Mojave Desert Air Quality Management District

TITLE V SUBMISSION CERTIFICATION

Company Name:

Permit Number:

SUBMISSION CERTIFICATION:

I declare, under penalty of perjury under the laws of the state of California, that, based on information and belief formed after reasonable inquiry, all information provided in this certification package is true, accurate, and complete:

Signature of Responsible Official

Date

Name of Responsible Official (please print)

Title of Responsible Official (please print)

Mailing Address of Responsible Official (please print)

Phone Number of Responsible Official (please print)

Mail to:

MDAQMD, 14306 Park Avenue, Victorville, CA 92392

And mail to:

EPA Region IX

Air Division

75 Hawthorne Street

San Francisco, CA 94105